| Place of Business,

Bealth Departments City of Baltimore.
Parmit Va /17/ Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accountly filled out, to the Undertaker or other person superintending the barial, within the subject to death of said deceased or sooner, if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July gen 1887
Full Name of Deceased, {Write legibly and spell correctly. It an Infant not named, give names of parents.
Sex, Male or Female, {cross out the word not }
Age, Years, 5/2 Months, Days.
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, 2
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} turyey Tahild's Frozeital.
(First (Primary), Inflam. Dianhora,
Cause of Death, { First (Primary), Steam. Dianhora, Exhaustion
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, Landon land
Date of Burial, M. D.
( Undertaker, Medical Attendam.
Place of Business, 1139 B. Address,

HALDORIUM OF A HYSICIAUS IS RESPECTIVITY THYICER TO THE BEHALAS

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting furth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Permit No. .. The Physician who attended by person in a last iteres, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within weary-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT. FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. Date of Death,.... Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Age,.... Months, Days. Color, ... Married, Single, Widow or Widower, Cross out the words not required in this line, Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, ... Place of Death, {Give Street and } First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information Place of Burial, Date of Burial, Undertaker,... Place of Business, 20 40 June

THE Special Acception of Physicians is Kespect

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department City of Bal	timore.
Permit No. 1173 Office of Registrar of Vital Statistics.	Ward 7
The Physician who attended any person in a last illness, is responsible for the presentation of out, to the Undertaker or other person superintending the bodial, within twenty-four hours after the defif requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certification.	ath of said deceased, or soom
CERTIFICATE OF DEAT	ГН.
Date of Death, full (166	5,7
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}	16 ossakalis
Sex, Male or Female, Cross out the word not required in this line.	de
Age, Years, Months,	Days
Color, Pohul	·
Married, Single, Widow or Widower, Cross out the words not required in this line.	The property of the state of the state of
Occupation.	1 - >
Birth Place, {State or country, and how long in the United States, if of foreign birth.	It- m
Duration of Residence in the City of Baltimore	
Place of Death, Give Street and Number.  (First (Primary).  (First (Primary).	welles it
Cause of Death, { First (Primary),	me .
Duration of Last Sickness,	
All the above information should be furnished by the Physician.	
Place of Burial, A. Alphonyus	
Date of Burial, July 12 188 Mu B. B.	Many Men M. D
Undertaker, A. Sing Jon	Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistic in the City of Baltimore.

Place of Business, 915 W. Yory

2066, Fa

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far at the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the causand date of death.

[OVER.]

Permit No	opcorat accomplish of Physicians is nespectivity invided to the nemalks below, and to hist of diseases on back of this certain	al
CERTIFICATE OF DEATH.  Date of Death,  Full Name of Deceased, {Write legibly and spell correctly. If an Iniant not not parents.  Sex, Male or Remale, {Cross out the word not} correctly. If an Iniant of parents.  Years,  Months,  Day  Color,  While	Bealth Department, City of Baltimore.  Mait No. 1174 Office of Registrar of Vila Statistics. Ward 19	1
Date of Death,  Full Name of Deceased, {Write legible and spell correctly. If an Infant not named, give names of parents.  Sex, Male or Remale, {Cross out the word not } Age,  Years,  Months,  Day  Color,  White	No Permit for Burial can be Obtained Without a Proper Certificate.	ou er,
Sex, Male or Remale, {Cross out the word not }  Age, Years, // Months, Day  Color, White		
Sex, Male or Remale, {Cross out the word not }  Age, Years, // Months, Day  Color, White	ll Name of Deceased, {Write legible and spell for the logible and spel	
Color, White	x, Male or Female, {Cross out the word not }	
Married Simple Widow or Widower (Cross out the words not)		ay
Occupation.	arried, Single, Widow or Widower, {Cross out the words not }	

Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.

First (Primary), Cause of Death, Second (Immediate),

Duration of Last Sickness,

Place of Burial,

Birth Place, State or country, and how long in the United States, if of foreign birth.

Date of Burial.

Undertaker

Place of Business,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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to the Undertaker or other person superintending the burial, Superintending the burial superintendi	The special recension of Physicians is nespectantly infried to the doubt to be the recension of the second of the
The Physician who attended any person in a last illnes, its repossible to the present pind of this Certificate, accuracy filed out to the Undertaker or other person superintending the burial, willful production for said deceased, or somer, it requested so to do, under penalty of law.  No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.  CERTIFICATE OF DEATH.  Date of Death,  Full Name of Deceased, (Write leady and spell overestly. If an Infant not named, give names of parents.  Sex, Male or Fervale, (ross out the word not) areas.  Sex, Male or Fervale, (ross out the word not) areas.  Age,  Years,  For Jeaury Months,  Days.  Color, ed.  Married, Single, Witten or Withouter (Cross out the words not) (required in this line.)  Occupation,  First Place, (state or country, and how) (If of brough birth.)  Duration of Residence in the City of Baltimore,  Place of Death, (Give Street and)  Number.  First (Primary),  Mathieux  Second (Immediate),  Duration of Last Sickness,  Ly Jeaury  Duration of Last Sickness,  Ly Jeaury  Duration of Last Sickness,	Bealth Department Office Baltimore.
The Physician who attended any person in a last illness, it is sponsible to the present prior of this Certificate, accuracy filled out to the Undertaker or other person superintending the burial, sailful production for said deceased, or some requested so to do, under penalty of law.  **No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**  **CERTIFICATE OF DEATH.**  **Date of Death, July   Output	Permit No. 1175 Office of Registrattof Vital Statistics. Ward
Pull Name of Deceased, Strike legally and spell correctly If an Infant of Pull Name of Deceased, Strike legally and spell parties.  Sex, Male or Ferrale, Cross out the word not of parents.  Sex, Male or Ferrale, Cross out the word not of parents.  Mage, Years, Forty Cause Months, Days.  Color, ed  Married, Single, Watery or Widower, Cross out the words not required in this line.  Birth Place, State or country, and how long in the United States, which was a state of Death, Give Street and Number.  Place of Death, Give Street and Number.  Cause of Death, First (Primary), Malairie  Cause of Death, Second (Immediate), Ammina Ammina Malairies  Duration of Last Sickness, Sing upuns	The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, it requested so to do under penalty of law
Full Name of Deceased, write leading and spell occurrently. If an Infant of parents.  Sex, Male or Ferrale, Cross out the word not of parents.  Years, Forty facur Months,  Days.  Color, e.d.  Married, Single, Widow or Widower, Cross out the words not required in this line.  Birth Place, State or country, and how long in the United States, of of foreign birth.  Duration of Residence in the City of Baltimore, about 17 years  Place of Death, Give Street and Number.  First (Primary), Mathinian Cause of Death, First (Primary), Mathinian Cause of Last Sickness, Second (Immediate), Amminum Mathinian Cause of Last Sickness, Singuistics of the City of Second (Immediate), Amminum Mathinian Cause of Last Sickness, Singuistics of Sickness, Singuist	CERTIFICATE OF DEATH.
Sex, Male or Ferfale, {Cross out the word not } Age, Years, Forty Law Months, Days.  Color, ed  Married, Single, Widow or Widower, {Cross out the words not } Occupation, Fhitwash Birth Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore, About 17 Years  Place of Death, {Give Street and } Number.  Cause of Death, {First (Primary), Second (Immediate), Aurunia 2/ Suration of Last Sickness, Six y years	Date of Death, July 10
Sex, Male or Fervale, {Cross out the word not } Age,  Years,  Years,  Years,  Months,  Days.  Color, ed  Married, Single, Widow or Widower, {Cross out the words not } Occupation,  With Place, {State or country, and how long in the United States, } Duration of Residence in the City of Baltimore,  Place of Death, {Give Street and } Number.  Cause of Death, {First (Primary), Second (Immediate),  Duration of Last Sickness,  Line Widower {Cross out the words not }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Give Street and }  Second (Immediate),  Duration of Last Sickness,  Line Widower {Cross out the words not }  Place of Death, {Six at or country, and how long in the United States, }  Second (Immediate),  Duration of Last Sickness,  Line Widower {Cross out the words not }  Place of Death, {Six at or country, and how long in the United States, }  Second (Immediate),  Duration of Last Sickness,  Line Widower {Cross out the words not }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {Six at or country, and how long in the United States, }  Place of Death, {	Full Name of Deceased, Survey of parents, and spell for parents.
Married, Single, Widow or Widower, {Cross out the words not} Occupation, Whitwash  Birth Place, {State or country, and how long in the United States, if of foreign birth.  Duration of Residence in the City of Baltimore, About 17 years  Place of Death, {Give Street and Number.}  Cause of Death, {First (Primary), Milhirity  Second (Immediate), Junior    Duration of Last Sickness, Six years	Sex, Male or Fenale, {Cross out the word not }
Married, Single, Widow or Widower, {Cross out the words not }  Occupation, Thirtunature  Birth Place, {State or country, and how } out the United States, }  Duration of Residence in the City of Baltimore, About 17 years  Place of Death, {Give Street and } // Cause of Death, {First (Primary), Minimist Second (Immediate), Aurunia   2/ Second (Immediate), Second (Imm	Age, Years, Hory Laws Months, Days.
Occupation, Thirturash.  Birth Place, {State or country, and how } Oring Ing in the United States, } Oring  Duration of Residence in the City of Baltimore, Cabaut 17 years  Place of Death, {Give Street and } // 6 Ender  Cause of Death, {First (Primary), Milhirity  Second (Immediate), Aurinia   2 //  Duration of Last Sickness, Sing years	Color, ed
Birth Place, {State or country, and how long in the United States, }  Duration of Residence in the City of Baltimore, about 17 years  Place of Death, {Give Street and Number.}  Cause of Death, {First (Primary), Mithies Second (Immediate), Annual 2/  Duration of Last Sickness, Six years	Married, Single, Widow or Widower, {Cross out the words not }
Place of Death, {Give Street and } // 6 Ending  Cause of Death, {First (Primary), Second (Immediate), Junior // Second (Immedi	Occupation, Whitwasher
Place of Death, {Give Street and } // 6 Ending  Cause of Death, {First (Primary), Second (Immediate), Junior // Second (Immedi	Birth Place, State or country, and how long in the United States, if of foreign birth.
Cause of Death, { First (Primary), Milhirity Second (Immediate), Aurunia (2)  Duration of Last Sickness, Six years	Duration of Residence in the City of Baltimore.
Duration of Last Sickness, Six y	$\mu = 1$
Duration of Last Sickness, Six years	Cause of Death, { First (Primary), Mhhisto Second (Immediate), Surmina 2/
All the above information should be furnished by the Physician.	Duration of Last Sickness, Six your
Place of Burial, Laurel Cerne & Mackensin On A	Place of Burial, Laurel Cenne So Mackensin Char
Date of Burial, fully 12 1887 L. E. Straw Resident Hab.	Date of Burial, July 12 1/881 L. E. Struw Resident Hab

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. Permit No. The Physician who attended any person in a last illness is responsible to the presentation of this Certificate, accurately filled out, ne Undertaker or other person superintending the barial, within twenty four hours after the death of said deceased, or sooner, if to the Undertaker or other person superintending the burial within the requested so to do, under penalty of law.

No Permit for Burial can be Obtained PROPER CERTIFICATE. Date of Death, Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Ser, Male or Female, (Cross out the word not ) required in this line. Age, Color d Married, Single, Widow Cross out the words not required in this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Place of Burial, Date of Burial, Undertaker. M. D.Medical Attendant Place of Business, AddressExtract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

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[OVER.]

City of Baltimore.

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No Permit for Burial can be Organized Without a Proper Certificate.

CERTIFICATE OF DEATH.
Date of Death, 12th. Luly 1887.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 5 Months, Days
Color, Wife
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, during lifetime
Place of Death, {Give Street and } J. Mareyna Ally 18
First (Primary), Q P
Cause of Death, Second (Immediate), I Sometikis aphthoras
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, of Helfonsen's
Date of Burial, July 13 ) William Henry
(Undertaker, M. D. Sigstel M. D. Medical Attendant.
Place of Business, 1918 Bon Address. J. Willett 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Ondertaker, Evans & Spence

Meditii pepartifent, City or ioditiilore.
Permit No. 1/79 Office of Redistrat Poft Vital Statistics. Ward
The Physician who artended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within treatly four hours after the death of said deceased or soone if requested so to do, under penalty of law.  No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, Cross out the word not; required in this line.
Age, 60 Years, Months, Day
Color,
Married, Single, Widow or Widower, Cross out the words not required in this line.
Occupation, State or country and how
Birth Place, State or country, and how long in the United States, if of foreign birth.  Departies of Paridonae in the City of Baltimore 30 Lears
Duration of Residence in the city of Butterno, 1239 The fland
Trace of Death, Number.
Cause of Death, First (Primary),  Second (Immediate),  Second (Immediate),  Second (Immediate),  Second (Immediate),
All the above information should be furnished by the Physician.
Place of Burial, It Seters Gern

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statist in the City of Baltimore.

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Date of Death, July 11 th 1887
Full Name of Deceased, Write legibly and spell worrectly. If an Infant Not named, give names William & Lilly
Sex, Male or Female, {Cross out the word not }
Age, 36 Years, Months, Days
Color, W
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Musician
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Life
Place of Death, {Give Street and } 130 & Bond &
Cause of Death, { First (Primary), Heart disease Contri regurgitation) Second (Immediate), Cerebral embolismo
Duration of Last Sickness, Curkerow.  All the above information should be furnished by the Physician.
Place of Burial, Balte Cen
Date of Burial, Ally 13 1889
(Undertaker, M. Shinder & Son fres. S. Lynch M. D. Medical Attendant.
Place of Business, 1/10 Canter Address, 2, & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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